**Conflict of Interest Declaration**

This document is completed by a person authorized to represent the company.

**Company Identity and Authorized Representative**

Mr. / Ms.: (strike out the unnecessary mention)  
**Last Name:** [Representative's last name]  
**First Name:** [Representative's first name]  
**Position for which the declaration is made:** [Representative’s position in the company]  
**Company Name and Address:** [Company name and address]  
**Email Address:** [Representative’s email address]  
**Phone Number:** [Representative’s phone number]

**Commitment:**

As a legal entity and on behalf of the consultants made available for this contract, I hereby commit to avoiding any situation of conflict of interest throughout the entire duration of the contract, in compliance with Article 16 of the CCAP.

**Done at**: [City]  
**On**: [Date]

**Signature:**

[Representative’s signature]